

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90283 034 \*\*\*\*61.25

<b>DOCUMENT # C10248</b>							
1. Entity Name HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASONS OF FLORIDA							
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 23-7526354			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME	WMD BROWN, FAMOUS RUBERT	<input checked="" type="checkbox"/> Delete	TITLE NAME	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	20145 104TH ST		STREET ADDRESS	Franklin Ervin Walker Jr			
CITY-ST-ZIP	LIVE OAK, FL 320605984		CITY-ST-ZIP	11434 227th Pl Live Oak FL 32060-5723			
TITLE NAME	SW WALKER, FRANKLIN ERVIN JR	<input checked="" type="checkbox"/> Delete	TITLE NAME	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	11434 227TH PL		STREET ADDRESS	Wendell Ray Rausch			
CITY-ST-ZIP	LIVE OAK, FL 320605723		CITY-ST-ZIP	10035 105th Dr Live Oak FL 32060-6918			
TITLE NAME	JW RAUSEN, WENDELL RAY	<input checked="" type="checkbox"/> Delete	TITLE NAME	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS	10035 105TH DR		STREET ADDRESS	Benjamin Horace Willis			
CITY-ST-ZIP	LIVE OAK, FL 320606918		CITY-ST-ZIP	23310 120th St Live Oak FL 32060-5676			
TITLE NAME	S MOTT, DONALD DEAN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	23110 102ND PL		STREET ADDRESS				
CITY-ST-ZIP	LIVE OAK, FL 320605922		CITY-ST-ZIP				
TITLE NAME	T HOWELL, MURL ROY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	11288 235TH DR		STREET ADDRESS				
CITY-ST-ZIP	LIVE OAK, FL 320605731		CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Donald D. Mott</i>		Date: 3-4-06		Daytime Phone #: 386-658-1355			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							